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COVER LETTER

Division of Corporations				
NAME OF CORPORATION: TT Tile Inc				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person TTTLE No. Firm/Company TO CENHURY Address Jackson Ville, V32211 City/ State and Zip Code Tuanh unh 5434 @gmail.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Tyan M. Huynh = 904, 305-9097				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)				

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee. FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	of				
TTT	<u>le In('</u>				
(Name of Corporation	as currently fi	led with the Florida Dep	t. of State)	· —	
<u> </u>	<u>, 0000C</u>	3444			
(Docume	nt Number of Co	orporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Flo</i>	rida Profit Corporation a	dopts the fo	Howing amend	lment(s) t
A. If amending name, enter the new name of the cor	poration:				
			_		пеш
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered." "professional association," or the a	' "Inc," or "Co	". A professional corpor			
B. Enter new principal office address, if applicable:				_	_
(Principal office address <u>MUST BE A STREET ADDI</u>	<u>(ESS</u>)				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	()				
	-			· · · · · · · · · · · · · · · · · · ·	_
			 		_
D. If amending the registered agent and/or registere		in Florida, enter the na	me of the		
new registered agent and/or the new registered of	Hice address:				
Name of New Registered Agent	_	-			
					
	(Florida street	address)			
New Registered Office Address:	(Ci	itvi	Florida	(Zip Code)	_
	16.1	<i>;;)</i>		(Eq. Conc)	
New Registered Agent's Signature, if changing Regi		t I			
I hereby accept the appointment as registered agent. I	am jamutar witi	н ана ассері іне оппуано	я <i>к о</i> ј те ро.	suion.	
			<u>.</u>	: 4	
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Signa	aure of New Reg	istered Agent, if changing	۶	-0 65 222 222 223	רוך
			i. A	第 元 2 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元	
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If amending the Officer's and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer: S = Secretary: D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	\checkmark	NGUYEN, Thong	12713 Tropic Dr. 1
Add			SUCCESONVIENCE 3220
Kemove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<u> </u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

шен иминголи	sheets, if necessary).	(Be specific)			
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		.,,, -			
			<u>-</u>		- Marie
		-			
an amendmen	t provides for an exc	hange, reclassificat	tion, or cancellation	of issued shares.	
provisions for i	mplementing the am	endment if not con	tained in the amend	ment itself:	
(if not appli	cable, indicate N/A)				
	,				· · · · · · · · · · · · · · · · · · ·
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	12-19-14	
Effective date if applicable:	(no more than 90 days after amendment file	T
	(no more than 90 days after amenament fue	aaie)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing require partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the ficient for approval.	e amendment(s)
	roved by the shareholders through voting groups. The foll each voting group entitled to vote separately on the amen	
"The number of votes east t	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action a	and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and s	shareholder
Dated	2-19-14	
(°		
Signature (By a di	rector, president or other officer – if directors or officers	have not been
	, by an incorporator – if in the hands of a receiver, trusted ed fiduciary by that fiduciary)	e, or other court
	Tuan m. Huynh	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	